

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90064 001 ***150.00
 04-06-2000 90064 002 *****8.75

DOCUMENT # **PP01000023724**
 1. Entity Name
PS CONSULTANTS INC

Principal Place of Business
TAMPA, FL

Mailing Address
**18118 PHEASANT WALK DR
 TAMPA
 FL-33647-3140**

12993

2. Principal Place of Business
TAMPA, FL

3. Mailing Address
18118 PHEASANT WALK DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33647-3140

Country
USA

4. FEI Number
59-3562301

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**PREMA VARMA
 18118 PHEASANT WALK DR
 TAMPA
 FL-33647-3140**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Prema Varma*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

i. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD	SAI VARMA PRESIDENT 18118 PHEASANT WALK DR TAMPA, FL-33647	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
	VICE PRESIDENT PREMA VARMA 18118 PHEASANT WALK DR TAMPA, FL-33647	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Prema Varma*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)